

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|--|---|--|---|--|--|---|--|--|------------------------------|-----------------------|--|
| 1. DATE OF INCIDENT 09-NOV-2011 | | TIME 11:37:00 | | 2. ADDRESS OF OCCURRENCE CHICAGO, IL 60619 | | | | 3. LOCATION CODE 290 | | 4. BEAT/OCCUR 0633 | | |
| MEMBER INVOLVED | 5. POSITION 9164 | 6. LAST NAME WASHINGTON | 7. FIRST NAME PHILIP S | | 8. STAR NO. 6724 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE BLK | 11. AGE 511 | 12. HT. 200 | 13. WT. 200 | | |
| | 14. DATE OF APPT. 08-JUN-1981 | 15. EMPLOYEE NO. 006 | 16. UNIT & BEAT OF ASSIGNMENT 0632 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. M.I. [REDACTED] | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. [REDACTED] | 26. HT. 601 | 27. WT. 200 | | |
| | 28. ADDRESS CHICAGO, IL 60608 | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED? MOUTH (SPIT, BITE, ETC), HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED? JACKSON PARK HOSPITAL FOUNDATION | | | 34. BY WHOM? DR WILLIAMS | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | |
| 36. CHARGES PLACED <input type="checkbox"/> DNA | | | | | | 37. CB NO. <input type="checkbox"/> DNA | | IR NO. <input type="checkbox"/> DNA | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. <input type="checkbox"/> DNA | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAULT: ASSAULT | | ASSAULT: BATTERY | | ASSAULT: DEADLY FORCE | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____ | | FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____ | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ | | | |
| MEMBER'S RESPONSE | MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____ | | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | FIREARM <input type="checkbox"/> OTHER _____ | | | |
| | 39. <input type="checkbox"/> DNA | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED] | | | | 40. ADDITIONAL INFORMATION DURING AN ATTEMPT TO RESTRAIN SUBJECT FOR A MENTAL HEALTH TRANSPORT R/O WAS STRUCK SEVERAL TIMES IN THE HEAD BY SUBJECT WHO ALSO ATTEMPTED TO BITE R/O. | | | | | | | |
| | POSITION [REDACTED] | | STAR NO. [REDACTED] | | UNIT [REDACTED] | | | | | | | |
| 41. WEAPON TYPE | <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | | | | |
| | 45. MAKE/MANUFACTURER [REDACTED] | | 46. MODEL [REDACTED] | | 47. BARREL LENGTH [REDACTED] | | 48. CALIBER/GAUGE [REDACTED] | | | | | |
| 49. TASER DART ID NO. C31013P05 | | 50. WEAPON SERIAL No. (Include Letters) X00-570658 | | 51. CHICAGO GUN REG. NO. [REDACTED] | | 52. IL FIREARM OWNER ID. NO. [REDACTED] | | 53. HANDGUN CERTIFICATE NO. [REDACTED] | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED] | | 55. PROPERTY INVENTORY NO. [REDACTED] | | 56. TYPE OF AMMUNITION USED [REDACTED] | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 2 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED] | | | | |
| 59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) TASER | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED] | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | 70. EVENT NO. [REDACTED] | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 71. RD. NO. [REDACTED] | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED] | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | |
| CASE INFO. | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | |
| | 73. REPORTING MEMBER (Print Name) WASHINGTON, PHILIP S STAR/EMPLOYEE NO. 6724 09-NOV-2011 14:59:55 Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | |
| SIGNATURES | 74. REVIEWING SUPERVISOR (Print Name) O CONNOR, BRIAN T | | STAR NO. 2383 | | SIGNATURE [REDACTED] | | DATE REVIEWED 09-NOV-2011 15:06:56 | | TIME 09-NOV-2011 15:06:56 | | | |

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| | | | | | | | | 70. EVENT NO. |